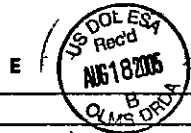


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



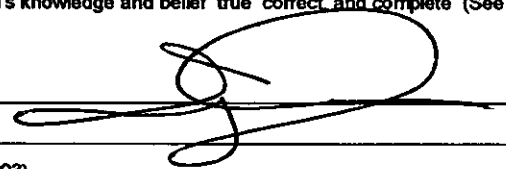
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9709</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>IGNACIO</u> <u>GARCIA</u> P.O. Box Bldg Room No. if any <u>120</u> Street <u>2102 ALMADEN RD</u> City <u>SAN JOSE</u> State <u>California</u> ZIP Code + 4 <u>95125</u>	4 Name, file number, and address of labor organization Name <u>OPERATIVE Plasterers &amp; Cement MASONS</u> <u>Loc 300</u> Labor Organization File Number <u>540-512</u> P.O. Box Building and Room Number if any <u>Suite 200</u> Street <u>703 South B Street</u> City <u>SAN MATEO</u> State <u>California</u> ZIP Code + 4 <u>94401</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any: _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

### Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <u>08/11/05</u> Date	<u>408 2644430</u> Telephone Number

Name of Person Filing

Ignacio Garcia (2004)

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name NO. CA. Plasterers JNT. App. &amp; TRAIL TRUST

Trade Name if any

P O Box Bldg Room No if any

Street 1555 OVERLAND CT

City WEST Sacramento

State California ZIP Code + 4 95691

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Employer Contributions are made to the TRUST in Compliance with a Collective Bargaining agreement with the local Union

## 11 b Approximate dollar value of such dealing

\$ 250,000.

## 12 a Nature of interest held or income received

Apprenticeship Instructor Wages - \$512.  
Reimbursement Re Trustee Travel  
To meetings, Seminars, Conventions -  
\$1,170.

## 12 b Amount

\$1,682.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment.

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name NO. CA. Plasterers PENSION TRUST

Trade Name if any

P O Box Bldg Room No if any

Street 633 BATTERY STREET

City SAN FRANCISCO

State California ZIP Code + 4 94111

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Employer Contributions are made to the TRUST IN Compliance with a Collective bargaining agreement with the local Union

## 11 b Approximate dollar value of such dealing

\$ 3,000,000

## 12 a Nature of interest held or income received

Reimbursement for Trustee TRAVEL to meetings - \$ 300

## 12 b Amount

\$ 300.

## C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13.b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **NO. CA. Plasterers Health & Welfare TRUST**  
Trade Name if any \_\_\_\_\_  
P O Box Bldg Room No if any **Rm 230**  
Street **550 Howe Avenue**  
City **Sacramento**  
State **California** ZIP Code + 4 **95825**

9 Business deals with

- ☒ a Labor Organization  
☐ b Trust  
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name \_\_\_\_\_  
Trade Name if any \_\_\_\_\_  
P O Box Bldg Room No if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11 a Nature of such dealing

Employer Contributions are made to the TRUST IN Compliance with a collective Bargaining agreement with Local Union

11 b Approximate dollar value of such dealing

**\$3,250,000.**

12 a Nature of interest held or income received

Reimbursement for Trustee travel to meetings, seminars, conventions \$ **1,500.**

12 b Amount.

**\$1,500.00**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name \_\_\_\_\_  
Trade Name if any \_\_\_\_\_  
P O Box Bldg Room No if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14 a Nature of payment

13.b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.